

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 15 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000019908

1. Limited Liability Company's Name

P. G F CONSTRUCTION, LLC

W1-56864

REINSTATEMENT 08-10

2. Principal Office Address - No P.O. Box #

34 W READ ST.

Suite, Apt. #, etc.

- A

3. Mailing Office Address

34 W READ ST.

Suite, Apt. #, etc.

A

City & State

TARPON SPRINGS, FL.

City & State

TARPON SPRINGS, FL.

Zip

34689

Country

PINELLAS

Zip

34689

Country

USA

4. State/Country of Formation

FLORIDA FL.

5. Date Organized or Qualified To Do Business in Florida

3-4-2004

6. FEI Number

592628807

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Philip G FATOLITIS

Street Address (P.O. Box Number is Not Acceptable)

34 W READ ST.

Suite, Apt. #, Etc.

- A

City

TARPON SPRINGS

State

FL

Zip Code

34689

600188464486
12/16/10--01001--004 **272.50
600188464486
12/07/10--01040--007 **243.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Philip G. Fatolitis
REGISTERED AGENT MUST SIGN

Date 12-2-10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGRM</u>	<u>Philip G. FATOLITIS</u>	<u>34 W READ ST. APT. A</u>	<u>Tarpon Springs FL. 34689</u>

11. E-mail Address: Philip G FATOLITIS @ YAHOO. COM
(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

Philip G FATOLITIS

Date

12/2/10

Daytime Phone #

727-934-3813

Typed or printed name of signing Managing Member/Manager